

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF <u>William Alston</u>		COURT CASE NUMBER <u>05-168 ERIE</u>	
DEFENDANT <u>MARTY SAPKO</u>		TYPE OF PROCESS <u>Civil Suit</u>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>MARTY SAPKO</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>FBI McKean PO Box 5000 Bradford PA 16701</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<u>ONE</u>
<u>William Alston # 07273-016</u> <u>FCC Petersburg (Low)</u> <u>PO Box 1000</u> <u>Petersburg, VA 23804</u>		Number of parties to be served in this case	<u>SIX</u>
		Check for service on U.S.A.	<input checked="" type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):  <div style="float: right; text-align: right;">             JUL 25 2007              11:00 AM              11:00 AM           </div>			
Signature of Attorney other Originator requesting service on behalf of: <u>William Alston</u>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER  DATE <u>7/14/07</u>
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>6</u>	District of Origin No. <u>68</u>	District to Serve No. <u>68</u> Signature of Authorized USMS Deputy or Clerk <u>Sam</u> Date <u>6/18/07</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)		Date <u>JUL 09 2007</u>	Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
		Signature of U.S. Marshal or Deputy <u>Michael W. Quinn</u>	
Service Fee <u>8.00</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <u>8.00</u> Advance Deposits  Amount owed to U.S. Marshal* or (Amount of Refund*) <u>8.00</u>
REMARKS: <u>mailed 9846 1435 8270 JUN 28 2007</u>			

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00



7160 3903 9846 1435 8270

3. Service Type **CERTIFIED MAIL**1. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

Barry G. P. K.  
 FCI McKean  
 P.O. Box 5000  
 Bradford, Pa. 16701

5-1682,07P,6/28/07,exb

A. Received by (Please Print Clearly) <i>[Signature]</i>		B. Date of Delivery
C. Signature <i>[Signature]</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery restricted to item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input type="checkbox"/> No
2007 JUL -9 P 11:02		

ERIE, PA